FEC FORM 1		_	TATEME RGANIZ		Office Use Only		
1. NAME OF COMMITTEE (in	n full)	B & .	Check if name s changed)	Example:If typing, type over the lines.	12FE4M5		
Commitit	ie e it	LIOL IF	Theiciti is	Tainin Prinker	tioini Foiri USI		
Congres	سسك	4-4-4-		1111111			
ADDRESS (number and street)		POL	301X17211	1.9.5			
(Check if a is changed	address f)						
www is urallyduj			DIN HILL	الدينييا	[C] 923.72 -		
COMMITTEE'S E-MA	AIL ADDRES	SS _.					
(Check if address is changed) Optional Second E-Mail Address Lipinkin ripinnikiertianehatimaniliilingim							
COMMITTEE'S WEB		WW	2. ji zi hinipi	inKertonani	tiedisitiaitiesicoinigire		
2. DATE 01 16 2014							
3. FEC IDENTIFICATION NUMBER \blacktriangleright (C 0.05.18407)							
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)							
I certify that I have e	xarnined thi	is Stateme	ent and to the bes	it of my knowledge and belief it	is true, correct and complete.		
Type or Print Name of Treasurer Sharon J. Pinkerton							
Signature of Treasurer Mary Suche Date D. 110 2014							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use Only				For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	eri, eijew i		

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F	EC Fo	rm 1 (Revised 02/2009) Page 2				
TYPE OF COMMITTEE						
	idate	Committee:				
(a)	IVI	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name Candi		John R. Pinkertian				
Candi Party	daie Affiliati	on \widetilde{DEM} Office State \widetilde{CA} State \widetilde{CA} Sought: \widetilde{M} House \widetilde{C} Senate \widetilde{C} President \widetilde{C} District \widetilde{C} S				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate						
Party	y Con	nmittee:				
(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.				
Politi	ical A	ction Committee (PAC):				
(e)	2	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
		Corporation Corporation w/o Capital Stock Labor Organization				
		Membership Organization Trade Association Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and Is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint	Fund	ralsing Representative:				
(g)	Trans.	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)	Server Server Server	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number C				
	2.	FEC ID number C				
	3.	FEC ID number C				
	4.	FEC ID number C				

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FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	e	·
~*···		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leaders	hip PAC Sponsor
		<u> </u>
		
Mailing Address		
	CITY STATE	ZIP CODE
<u>govern</u>		
Relationship: Connecte	ed Organization Affiliated Committee Jalont Fundraising Representative	adership PAC Sponsor
 Custodian of Records: ide books and records. 	entify by name, address (phone number - optional) and position of the person in po-	ssession of committee
ich a	ron Jean Piinkenton	
Full Name DITIO		
Mailing Address	PoBox1721195	
	Prinon Haller CA 923	172-1
Title or Position	CITY STATE	ZIP CODE
Viceasiuner	Telephone number [2]60-6	680-18394
V11/25/2021/01/10	relegatorie intitude: (2 Mars)	عمد جاخاتها
 Treasurer: List the name are any designated agent (e.g., 	nd address (phone number - cptional) of the treasurer of the committee; and the na assistant treasurer).	ime and address of
	·	
of Treasurer Ding	ran Jean Pinkenton	
Mailing Address	P.0BOX17211195	
	Kunon Huldis	721-1
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number $[7,6,0]-[6]$	801-18396
l		

FEC Form 1 (Revised 02/2009)	Page 4
Full Name of Designated Dayle, Beinder, Agent	
Mailing Address 117,139 Shaidous Lierdge Dirilivie	
Little Li	ليبيب
CITY STATE	2095 - ZIP CODE
Title or Position Title or Position Telephone number 9.1.8 -	1693-19337
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, I safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	holds accounts, rents
Union Bank	
Mailing Address 4022 Pinellan Rolad	
Phelan 9:	23.7./]-
CITY STATE	ZIP CODE
Name of Bank, Depository, etc.	
Mailing Address	
	لنسا-لسنا
CITY . STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate h	now it was received.
Hand Delivered	Date of Receipt
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USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	:
Overnight Delivery Service (Specify):	Shipping Date
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Received from Senate Public Records Office	Date of Receipt
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(8/2013)